6589 06578

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Chestertown 39
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent Manufacturing Co. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Worton, Maryland X
STREET ADDRESS (If rural, give location) R. D. #1 Worton

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
(Type or Print) MARGARETT EMMA BATCHELOR	July 16 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W.	Widowed	August 19, 1893	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Employee	Kent Manf. Co	Baltimore Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel W Pitlock	Margaret Moffett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	220-16-9920	Mrs Vernon Blackiston 113 Cannon St. Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Injuries, multiple, severe — DUE TO — Interval: None

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY factory)	21c. (City or town) (County) (State)
		Chestertown Kent 14 Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☒ 0 Not while at work ☐	21f. HOW DID INJURY OCCUR?
7 16 54 10 22 A.M.		In explosive ordnance plant

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert W. Farr M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7/20/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 20 1954	Chester Cemetery	Chestertown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 19-1954	Clara L. Barnes	Marvin W. Williams	Chestertown Md

RECEIVED
JUL 21 1954
BUREAU V. S.

06579

MARYLAND Rock Hall 5162 — STATE DEPARTMETT OF HEALTH

6590

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown 37 — LENGTH OF STAY (in this place): 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Annes Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parents - Kennedyville Kent Co. Md.
STREET ADDRESS (If rural, give location): X — —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Baby Baxter
4. DATE OF DEATH (Month) (Day) (Year): July 17 1954
5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 17, 1954
9. AGE last birthday: 2 hour yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.: 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Frank Baxter
14. MOTHER'S MAIDEN NAME: Violet Theresa Hinefelt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.5

Immediate cause (a) Prematurity — 1 hour

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature separation of placenta — 2 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1954, to July 17, 1954, that I last saw the deceased alive on July 17, 1954, and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS: Florence Deringer Joyce MD — DATE SIGNED: 7/17/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: July 17/54
NAME OF CEMETERY OR CREMATORY: Chester Cemetery
LOCATION (City, town, or county) (State): Chestertown Maryland
DATE REC'D BY LOCAL REG.: July 17-1954
REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown Md.

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MARGIN RESERVED FOR BINDING

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RECEIVED
JUL 19 1954
BUREAU V. S.

Item 18 Film G168A 8-11-54 ams

06580

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6591

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHESTERTOWN 27
LENGTH OF STAY (in this place) 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Hosp 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY KENT.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington, Md.
STREET ADDRESS (If rural give location) ——

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) 1 (Last) BRATCHER

4. DATE OF DEATH: (Month) Jul. (Day) 30 (Year) 1954

5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: May 15, 1895
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foster-Home Care
10B. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George H. Lee
14. MOTHER'S MAIDEN NAME: Mary L. Burk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ~~279-22~~ 8504
17. INFORMANT & ADDRESS: Kent & Queen Anne's Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

600.0

IMMEDIATE CAUSE (A) Cardiac Arrest under anesthesia. administered for proposed right nephrectomy. — 2 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pyonephrosis, ~~left~~ right — 2 yrs.

19A. DATE OF OPERATION: 17. 30. 54
19B. MAJOR FINDINGS OF OPERATION: Cardiac Standstill; Pyonephrosis, right
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul 15, 1954 to Jul 30, 1954 that I last saw the deceased alive on July 30, 1954, and that death occurred at 2 P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS CHESTERTOWN DATE SIGNED 7. 30. 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug. 2-1954
NAME OF CEMETERY OR CREMATORY Pondtown, Md.
LOCATION (City, town, or county) (State) near Chestertown Kent, Md

DATE REC'D BY LOCAL REGISTRAR Aug. 2-1954
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR Edgar L. Lane
ADDRESS Church Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG 4 1954
BUREAU V. S.

6502

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06581 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 37
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent Manufacturing Co. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Centreville 17 X-2
STREET ADDRESS (If rural, give location) Centreville

3. NAME OF DECEASED: (First) Mary (Middle) Moore (Last) COVINGTON
4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W.	married	Sept. 19 1908	45 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Employee	Kent Manuf. Plt.	Queen Anne Co. Md.	U.S.

13. FATHER'S NAME: William Moore
14. MOTHER'S MAIDEN NAME: Mary Helen Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No.		217-14-8886	Dorman LeRoy Covington (Husband) Centreville Rte.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Injuries, multiple, severe — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: none

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Factory	21c. (City or town) (County) (State)	
		Chestertown Kent	14 Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☒ Not while at work ☐	21f. HOW DID INJURY OCCUR?
7 16 54 1020 A.M.	0	In explosion in ordnance plant

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ■, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ■, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert W. Starr M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ■ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7/17/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 20 1954	Chester Ameln	Chestertown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 19-1954	Clara L. Barnes	Marion V. Williams	Chestertown Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
JUL 21 1954
BUREAU V. S.

MARYLAND 6593 06582

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (In this place) 3Y
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Annes Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Queen Anne COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill Md
STREET ADDRESS (If rural, give location) 17X-2

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) Spear (Last) Dudley

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 1-1874

9. AGE Last Birthday 80 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor

10b. KIND OF BUSINESS OR INDUSTRY Doctor

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Dudley

14. MOTHER'S MAIDEN NAME Helen Spear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) ?

16. SOCIAL SECURITY NO. ✓

17. INFORMANT AND ADDRESS Mrs Clara Dudley Church Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Intracranial Hemorrhage (Stroke) — Interval Between Onset and Death 48 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29 ..., 1954, to 7-1 ..., 1954, that I last saw the deceased alive on 7-1 ..., 1954, and that death occurred at 6⁰⁰ P m., from the causes and on the date stated above.

SIGNATURE Robt Warfield (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 7/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE July 5-54 — NAME OF CEMETERY OR CREMATORY Church Hill — LOCATION (City, town, or county) Church Hill (State) Md

DATE REC'D BY LOCAL REG. July 3-1954 — REGISTRAR'S SIGNATURE Clara L. Barnes

24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill Md

RECEIVED
JUL 6 1954
BUREAU V. S.

MARYLAND 6594 06583

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
LENGTH OF STAY (in this place) 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT & QUEEN ANNE'S HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROCK HALL
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CLARENCE (Middle) P. (Last) EATON
4. DATE OF DEATH (Month) JUL (Day) 28 (Year) 1954

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JUN 19, 1865
9. AGE last birthday 89 yrs. If under 1 year Months. Days If under 1 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown Machinest
10b. KIND OF BUSINESS OR INDUSTRY (retired)
11. BIRTHPLACE (State or foreign country) New York State
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Gilbert Eaton
14. MOTHER'S MAIDEN NAME Cornelia Rowland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. Roy Strong, Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-vascular Accident. — 3 weeks.

391X

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — years.

(c) Urinary Retention — 3 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of left Foot. — 2 years.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 8, 1954, to Jul 28, 1954, that I last saw the deceased alive on July 27, 1954, and that death occurred at 6.00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arthur T. Keefe, MD. ADDRESS CHESTERTOWN, Md DATE SIGNED 7.28.54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 30, 1954
NAME OF CEMETERY OR CREMATORY St. Paul's Cem.
LOCATION (City, town, or county) (State) nr. Chestertown, Md.

DATE REC'D BY LOCAL REG. [illegible] 2, -1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md ADDRESS

DEC 2 1954

6610 **MARYLAND STATE DEPARTMENT OF HEALTH** 06584

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lillie (Middle) Viola (Last) Esling
4. DATE OF DEATH (Month) July (Day) 24 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 14-1892
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME — Roate
14. MOTHER'S MAIDEN NAME Elizabeth Roate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS James F. Esling Ellicott City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic, hypertensive	years
	(c) heart disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify ~~that I attended the deceased from ....., 19...., to J ....., 19...., that I last saw the deceased alive on July ....., 19...., and~~ that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE Willard F Smith (Degree or title) MD ADDRESS Rock Hall, Md DATE SIGNED 7/24/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 28-1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Baltimore City (State) Md.

DATE REC'D BY LOCAL REG. July 24/54
REGISTRAR'S SIGNATURE S. Elwood Burgess
24. FUNERAL DIRECTOR Howard Evans ADDRESS Baltimore Md. 1400 S. Charles St

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG 2 1954
BUREAU V. S.

06586

6595

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent Manufactoring Powder Plant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Mt. Vernon Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Fallowfield
4. DATE OF DEATH (Month) (Day) (Year) 7/16/1954 19

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3/19/1890
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee at Powder Plant
10b. KIND OF BUSINESS OR INDUSTRY Plant
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown Harbison
14. MOTHER'S MAIDEN NAME Unknown (adopted by Henry Kreusen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-16-9415
17. INFORMANT AND ADDRESS Harry W. Fallowfield Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Injuries, multiple, severe — INTERVAL BETWEEN ONSET AND DEATH none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) factory (CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7 16 54 10 20 a.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? In explosion in ordnance plant

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R. Hart W. Farr (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 7-17-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/18/1954
NAME OF CEMETERY OR CREMATORY St. Paul's Cem.
LOCATION (City, town, or county) near- Chestertown, Md. (State)

DATE REC'D BY LOCAL REG July 17-1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUL 2
BUREAU V. S.

6596 MARYLAND STATE DEPARTMENT OF HEALTH 06587

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (In this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent Manufactoring Powder Plant	STREET ADDRESS (If rural, give location) Cannon St.

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) Lillian (Last) Fisher			4. DATE OF DEATH (Month) 7/16/1954 (Day) (Year) 19		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10/31/1889	9. AGE last birthday 64 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee at Powder Plant	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kent Co. Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Gardner			14. MOTHER'S MAIDEN NAME Sarah Kirby		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 215-20-0087		17. INFORMANT AND ADDRESS Wilbur Fisher Middletown, Ohio son		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Injuries, multiple, severe — none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) factory	(CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md
TIME OF INJURY (Month) 7 (Day) 16 (Year) 54 (Hour) 10:20 a.m.	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR? In explosion in ordnance plant

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Hart W. Farr	M.D.	Chestertown, Md	7-17-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7/19/1954	NAME OF CEMETERY OR CREMATORY Chester Cem.	LOCATION (City, town, or county) Chestertown, Md. (State)
DATE REC'D BY LOCAL REG. July 17-1954	REGISTRAR'S SIGNATURE Clara S. Barnes	24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUL 20
BUREAU V

06585

C611

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

FilmG169 Item 14 9-2-54 et

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: [illegible] — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
STREET ADDRESS (If rural, give location): [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH (Month) [illegible] (Day) 16 (Year) 1954
5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible]
8. DATE OF BIRTH: Aug 16 1894
9. AGE last birthday: [illegible] yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: Ella Eugenia Juff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY No.: 213-03-8960
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ~~Hypertension~~ Coronary ~~Occlusion~~

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — two years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) Rock Hall (COUNTY) Kent (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from June, 1952, to July, 1954, that I last saw the deceased alive on July, 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: E Kester (Degree or title) — ADDRESS: Rock Hall — DATE SIGNED: 7/17/54

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] — DATE THEREOF: July 18 1954 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG.: 7/17/54 — REGISTRAR'S SIGNATURE: S. Elwood Bingers — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 23 1954
BUREAU V. S.

MARYLAND

6612

06588

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: STILL POND
LENGTH OF STAY (in this place): 58 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X STILL POND
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) RALPH (Middle) — (Last) GEARY

4. DATE OF DEATH: (Month) JULY (Day) 3 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): MARRIED

8. DATE OF BIRTH: JAN. 8, 1896

9. AGE last birthday: 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: MAINTENANCE WORK

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: L. WARNER GEARY

14. MOTHER'S MAIDEN NAME: HENRIETTA SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 214-32-0213

17. INFORMANT AND ADDRESS: ALTA GEARY STILL POND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Tumors of Brain

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Contusion of Head.

(c):

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 29-53

19b. MAJOR FINDINGS OF OPERATION: Tumor of Brain

Baltimore Hopkins Hospital

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home

(CITY OR TOWN) Still Pond (COUNTY) Kent (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 1 3 54 10 a.m.

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? Kicked in head by Cow

22. I hereby certify that I attended the deceased from June 10, 1954, to July 3, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE: L. P. Atwell (Degree or title) M. D. ADDRESS: Still Pond Md DATE SIGNED: July 3rd 54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): BURIAL

DATE: JULY 7, 1954

NAME OF CEMETERY OR CREMATORY: STILL POND CEMETERY

LOCATION (City, town, or county) (State): STILL POND, MD.

DATE RECD BY LOCAL REG: July 3 1954

REGISTRAR'S SIGNATURE: C. Kennard Ames

24. FUNERAL DIRECTOR: B. R. Fellows ADDRESS: Still Pond, Md.

BUREAU V. S.

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06589
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown, Md.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rock Hall, Md.
STREET ADDRESS (If rural, give location) Chestertown, Md.

3. NAME OF DECEASED: (Type or Print) (First) Harriett (Middle) Bohne (Last) Gemmel
4. DATE OF DEATH (Month) 7 (Day) 18 (Year) 1954

5. SEX: female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: unknown
9. AGE last birthday: about 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Jess Downey, Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Hemorrhage - 4th ventricle of brain
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert Warr
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 7/21/54 NAME OF CEMETERY OR CREMATORY Woodlawn Cem. LOCATION (City, town, or county) New York (State) New York

DATE REC'D BY LOCAL REG. July 20-1954 REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

06590

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6613 **CERTIFICATE OF DEATH** Reg. Dist. No. 3 0 2

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Strong Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Campus Ave

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) - (Last) Graham
4. DATE OF DEATH (Month) July (Day) 3 (Year) 1954
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH unknown
9. AGE last birthday 79 ~~79~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME (Unknown) John L. Regan
14. MOTHER'S MAIDEN NAME (Unknown) Annie Regan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Kenneth Donnelly - 331 C. Centre St. Mahanoy City Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility, generalized arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? X Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to July 3, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 7-3-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 7, 1954
NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery
LOCATION (City, town, or county) (State) Darby, Del. Co. Pa.

DATE REC'D BY LOCAL REG. July 6-1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Marvin V. Williams - ADDRESS Chestertown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 9 1...
...U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06591

0598

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

COUNTY Kent — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown | LENGTH OF STAY (in this place): life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: High St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Kent

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown

STREET ADDRESS (If rural give location): High St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Tilden	C.	Hadaway	7/2/1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	widowed	2/4/1877	77 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Merchant (grocery) owner		Kent Co. Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Hadaway	Polly Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	no	John Hadaway (son) Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: none

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/2, 1954, to 7/2, 1954, that I last saw the deceased alive on 7/2, 1954, and that death occurred at 8:05 A.M., from the causes and on the date stated above.

SIGNATURE Robert Keen, (Degree or title) M.D. ADDRESS Chestertown, Maryland DATE SIGNED July 2, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	July 4, 1954	Chester Cemetery	Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 3-1954	Clara S. Barnes	J. Willis Wells	Chestertown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 6 1
BUREAU V. S.

6599

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06593

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent + G.A. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HARVEY (Last) KENDALL

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan. 14: 1907

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Well Rigger

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Kendall

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Carrie Kendall Rock Hall Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from ..... , 19..... , to ..... , 19..... , that~~ I last saw the deceased alive on July 4 19.., 1954, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard F. Smith MD — ADDRESS: Rock Hall, Md. — DATE SIGNED: 7/20/54

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) — DATE THEREOF: July 22 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel — LOCATION (City, town, or county): Rock Hall — (State): Md.

DATE REC'D BY LOCAL REG.: July 22-1954 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Edgar B. Lane — ADDRESS: Church Hill

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent Manufacturing Company Plant

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 105 Kent Street

3. NAME OF DECEASED: (First) NELSON (Middle) EDWARD (Last) LORD
4. DATE OF DEATH (Month) July (Day) 16 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 27, 1934	19 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Employee Kent	Manufacturing Co.	Caroline Co., Maryland	U.S.A.

13. FATHER'S NAME: Lewis M. Lord
14. MOTHER'S MAIDEN NAME: Mettie Fluharty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes 1952	Unknown	Shirley Anna Lord, Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Multiple injuries - severe — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21c. (City or town) (County) (State)
	[illegible]	Chestertown Kent Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☒ Not while at work ☐	21f. HOW DID INJURY OCCUR?
7 16 54 10[illegible] A.M.		In explosion in ordnance plant

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Chester Barr M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 7-16-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 19, 1954	Union Grove Cemetery	Near Preston, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 19-1954	Anna L. Barnes,	J.J. Frampton and Son,	Federalsburg, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND 6601

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY: Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (in this place): 84 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent and Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galena
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) ADDIE (Middle) VANSANT (Last) Mark
4. DATE OF DEATH (Month) July (Day) 21 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 23, 1866
9. AGE last birthday: 88 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benjamin P. Walters
14. MOTHER'S MAIDEN NAME: Mary Rebecca Vansant
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mary Johns. Galena Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Circulatory collapse — 48 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Uremia — 7 days

(c) Myocarditis, chronic — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture rt. femur, Arthritis — 88 days.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29, 1954, to 7-21, 1954, that I last saw the deceased alive on 7-21, 1954, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE: A. C. Wick (Degree or title) M.D. ADDRESS: Chestertown, Md DATE SIGNED: 7-21-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: July 25, 1954
NAME OF CEMETERY OR CREMATORY: Galena Cem.
LOCATION (City, town, or county) (State): Galena, Kent Co. Md.

DATE REC'D BY LOCAL REG.: July 24-1954
REGISTRAR'S SIGNATURE: Clara S. Barnes
24. FUNERAL DIRECTOR: Edward Fellows ADDRESS: Millington Md

MARGIN RESERVED FOR BINDING

6602 06596

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 27
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent Manufacturing Co.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) Rock Hall

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) BENTON (Last) MENCH
4. DATE OF DEATH (Month) July (Day) 16 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 24, 1897
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Employee
10b. KIND OF BUSINESS OR INDUSTRY: Kent Manuf.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Benton
14. MOTHER'S MAIDEN NAME: Fouretta Crouch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-14-2505
17. INFORMANT & ADDRESS: William B. Mench Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) DUE TO Injuries, multiple, severe
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: none

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ■

21a. EXTERNAL CAUSE WAS PRIMARY ■ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) factory
21c. (City or town) Chestertown (County) Kent (State) Md.
21d. TIME OF INJURY (Month) 7 (Day) 16 (Year) 54 (Hour) 10:20 a.m.
21e. INJURY OCCURRED While at work ■ Not while at work ☐
21f. HOW DID INJURY OCCUR? In explosion in ordnance plant

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ■, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ■, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. Scott W. Farr M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ■ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible]
DATE THEREOF July 20 1954
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. July 19-1954
REGISTRAR'S SIGNATURE Clara L. Barnes
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) NOBLE (Middle) L. (Last) MOFFETT
4. DATE OF DEATH (Month) JULY (Day) 14 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 3-18-1873
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Soloman Moffett
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Elsie Edwards = Grasonville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953 to July 14, 1954, that I last saw the deceased alive on July 14, 1954, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE Willard F. Smith (Degree or title) MD ADDRESS Rock Hall, Md DATE SIGNED 7/16/54

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF 7-16 NAME OF CEMETERY OR CREMATORY Wesley Chapel LOCATION (City, town, or county) Rock Hall (State) Md.

DATE REC'D BY LOCAL REG. 7/16/54 REGISTRAR'S SIGNATURE S. Elwood Burgess 24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 202

1. PLACE OF DEATH:

COUNTY Kent MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Chestertown 37

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent Manufacturing Co.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Queen Anne

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Centreville, Maryland

STREET ADDRESS (If rural, give location) Centreville, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Lane (Last) Rockemann

4. DATE OF DEATH (Month) July (Day) 16 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 23, 1927

9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Employee - Munitions

10b. KIND OF BUSINESS OR INDUSTRY: Kent Manuf. Co.

11. BIRTHPLACE (State or foreign country): Hermansville Queen Anne Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Frank Lane

14. MOTHER'S MAIDEN NAME: ~~Mary~~ Margaret Pauline Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218 20 7829

17. INFORMANT & ADDRESS: Home of Rockemann Astrinth Fuller Husband James Frank Lane Centreville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Injuries, multiple, severe — INTERVAL BETWEEN ONSET AND DEATH: None

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ■

21a. EXTERNAL CAUSE WAS PRIMARY ■ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) factory

21c. (City or town) Chestertown (County) Kent (State) Md.

21d. TIME OF INJURY (Month) 7 (Day) 16 (Year) 54 (Hour) 10 a 24 M.

21e. INJURY OCCURRED While at work ■ Not while at work ☐

21f. HOW DID INJURY OCCUR? In explosion in ordnance plant

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ■, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ■, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. Scott W. Farr M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ■ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7/23/1954

NAME OF CEMETERY OR CREMATORY Cemetery Cemetery

LOCATION (City, town, or county) (State) Chestertown

DATE REC'D BY LOCAL REG. 7-17-1954

REGISTRAR'S SIGNATURE Edna M. Barnes

24. FUNERAL DIRECTOR Lynn J. Williams ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

JUL 21

6604 MARYLAND STATE DEPARTMENT OF HEALTH 06599

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown; LENGTH OF STAY (In this place) 1 Day; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Henderson; STREET ADDRESS (If rural, give location) None ✓

3. NAME OF DECEASED (Type or Print): (First) Magdeline (Middle) (Last) Seiler

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/11/1896

9. AGE (last birthday) 58 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Foris

14. MOTHER'S MAIDEN NAME: ? Sholtiz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: John Seiler Henderson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Injuries, Multiple, Severe — Interval Between Onset and Death: hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Factory (CITY OR TOWN) Chestertown, (COUNTY) Kent (STATE) Md.

TIME OF INJURY (Month) 7 (Day) 16 (Year) 54 (Hour) 10 a.m. INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY Ooccur? By explosion and fire in munitions plant where she worked.

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ☒, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Robert W. Farr (Degree or title) M.D. ADDRESS: Chestertown, Md. DATE SIGNED: 7-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 7/20/54; NAME OF CEMETERY OR CREMATORY: Greensboro; LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG.: July 17-1954; REGISTRAR'S SIGNATURE: Iona S. Barnes; 24. FUNERAL DIRECTOR: R. B. Rawlings; ADDRESS: Greensboro Md

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 19 19
BUREAU V. S.

6605 MARYLAND STATE DEPARTMENT OF HEALTH 06600

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent Manufacturing Powder Plant	STREET ADDRESS (If rural, give location) Chester Heights

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) E. Starr			4. DATE OF DEATH (Month) 7/16/1954 (Day) (Year) 19		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Mar. 30, 1907	9. AGE last birthday 47 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee at Powder Plant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bard Penna.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Roy Scott			14. MOTHER'S MAIDEN NAME Ada Whorrell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-03-0021	17. INFORMANT AND ADDRESS Russell Starr Chestertown, Md. Husband		

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Injuries, multiple, severe	None
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY factory	(CITY OR TOWN) Chester Tartown	(COUNTY) Kent	(STATE) Md.
TIME OF INJURY (Month) 7 (Day) 16 (Year) 54 (Hour) 10 30 a.m.	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR? In explosion in ordnance planet		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Lee Starr	M.D.	Chestertown, Md	7-17-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7/19/1954	NAME OF CEMETERY OR CREMATORY Chester Chester	LOCATION (City, town, or county) (State) Chestertown, Md
DATE REC'D BY LOCAL REG. July 17-1954	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR J. Wellis Wells - Chestertown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUL 20 1954
BUREAU V. S.

Item 18 Film G168 7/20/54 ams

06601

MARYLAND

6606

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY: Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown; LENGTH OF STAY (in this place): 6 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent and Queen Anns	STREET ADDRESS (If rural, give location): High St - Extended

3. NAME OF DECEASED (Type or Print)	(First) Jean	(Middle) L.	(Last) Stradley	4. DATE OF DEATH	(Month) July	(Day) 6	(Year) 1954
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 6-3-05	9. AGE last birthday: 49 yrs.	If under 1 year: Months, Days	If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: Eugene Bailey			14. MOTHER'S MAIDEN NAME: Elizabeth Jackson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 218-05-2725		17. INFORMANT AND ADDRESS: Hosp records				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized circulatory failure	14 days
Antecedent cause(s)	(b) Generalized carcinomatosis	18 mos.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) (Primary site not definitely known)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12, 1954, to 7-6, 1954, that I last saw the deceased alive on 7-5, 1954, and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. Dick	M.D.	Chestertown	7-6-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Urill	7/8/1954	Chester Cemetery	Chestertown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 6-1954	[illegible]	J. Willis Wells - Chest rtown, Md.	

MARGIN RESERVED FOR BINDING

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JUL 3

6607 MARYLAND STATE DEPARTMENT OF HEALTH 06602

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2022

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent Manufactoring Co Powder Plant

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Tina (Middle) Mae (Last) Taylor

4. DATE OF DEATH: (Month) 7/16/1954 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	Married	5/19/1913	41 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Employee at Powder Plant		Kent Co. Maryland	USA

13. FATHER'S NAME: Raymond Watson

14. MOTHER'S MAIDEN NAME: Mary Elburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	213-20-0386	Charles A. Taylor — Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Injuries, multiple, severe — Interval between onset and death: hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY (X) OR CONTRIBUTING	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
X	factory	Chestertown	Kent	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
7/16/54 10½ a.m.	☒	In explosion in ordnance plant

22. *I certify that I took charge of the remains described above, held an Autopsy ( ), Inspection (X), Inquiry ( ) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ( ), accident (X), suicide ( ), homicide ( ), undetermined ( ).*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert D. Barr	M.D.	Chestertown, Md	1-17-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/19/1954	Chester Cemetery	Chestertown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 17-1954	Clara L. Barnes	J. Willis Wells	Chesrtertown, Md.

REC
JUL 20
EAU V. S.

Item 21e Film G168A 8/9/54 cm 6608

06603

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 37
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent Manufacturing Co. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Henderson
STREET ADDRESS (If rural, give location) Henderson # R.D.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BETTY	MARIE	WHEEDLE TON	July	16	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F.	W.	Single	February 9, 1930	24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Employee	Kent Manf. Co.	Preston, Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Williams Wheedleton	Helen Virginia Wheedleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No.	220-22-1095	Albert W^m. W Wheedleton Perry Point Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Injuries, Multiple, severe	none
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY factory	21c. (City or town) Chestertown (County) Kent (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7 16 54 10½ A.M.	21e. INJURY OCCURRED While ☒ Not while ☐ at work	21f. HOW DID INJURY OCCUR? Explosion in ordnance plant

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. Kent W. Farr M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7/17/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 20 1954	Chester Cemetery	Chestertown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 19-1954	Clara L. Barnes.	Mann & Williams	Chestertown Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
JUL 21 1924
BUREAU V. S.

6609 **MARYLAND STATE DEPARTMENT OF HEALTH** 06604

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 37 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 37
STREET ADDRESS (If rural, give location) 333 Calvert St.

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) (Last) Wickes
4. DATE OF DEATH (Month) July (Day) 10 (Year) 1954
5. SEX Male
6. COLOR OR RACE Cl.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 17 1910
9. AGE last birthday 44 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour Yard work
10b. KIND OF BUSINESS OR INDUSTRY Wash. College
11. BIRTHPLACE (State or foreign country) Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Wickes
14. MOTHER'S MAIDEN NAME Lottie Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-03-4036
17. INFORMANT AND ADDRESS Mrs. Lucille Smith 312 College Ave. Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Incaution as result of

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) D Cerebral hemorrhage 6-13-54

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-13, 1954, to 7-10, 1954, that I last saw the deceased alive on 7-10, 1954, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE R. M. Atkins (Degree or title) M.D. ADDRESS Chestertown DATE SIGNED 7-11-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF July 13 1954 | NAME OF CEMETERY OR CREMATORY Chestertown Cemetery | LOCATION (City, town, or county) (State) Chestertown - Kent Co. Maryland

DATE REC'D BY LOCAL REG. July 13-1954 | REGISTRAR'S SIGNATURE Clara S. Barnes | 24. FUNERAL DIRECTOR Marvin V. Williams - ADDRESS Chestertown Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1954
BUREAU V. S.